Please the a plus sign (+) inside this box +

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/609,321
Filing Date	06/27/2003
First Named Inventor	Hongfeng WEI
Group Art Unit	2621
Examiner Name	Unknown
Attorney Docket Number	66329/31343

I hereby appo	oint:						
OR	ners at Customer	<u> </u>	23380			Place Customer Number Bar Code Label here	
	Nar	ne			Registrati	on Number	
·							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all							
business in the	United States Par	tent and Trade	emark Office co	nneci	ned above, a ted therewith	ing to transact all	
Please shange t	the correspondence	o addraga far	the character	r: e:			
	the correspondendence mentioned Custor		the above-iden	шеа	application to	0:	
	memioned Odstor	nei Muniber.					
OR							
Firm <i>or</i> Individual Na	ame						
Address							
Address							
City				State		Zip	
Country							
Telephone				Fax			
I am the:							
Applican	t/Inventor.						
☐ Assigned	e of record of the e	ntira interest	C 27 CED 2	74			
	nt under 37 CFR 3				3/96).		
			icant or Assigne				
			Total of Acong	-	record		
Name	WALL WARG	Man M. GARG					
Signature	Joans						
Date	e Oct 19/03						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
☑ *Total of2	forms are subn						

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/609,321
Filing Date	06/27/2003
First Named Inventor	Hongfeng WEI
Group Art Unit	2621
Examiner Name	Unknown
Attorney Docket Number	66329/31343

I hereby appo	int:						
OR	ners at Customer Number	23380		Place Customer Number Bar Code Label here			
	Name	Name		stration Number			
<u> </u>							
			 				
4 6							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR							
Firm or							
Individual Na Address	ame						
Address							
City			State	Zip			
Country							
Telephone			Fax				
l am the: Applicant	t/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Name	Hongfeng WEI						
Signature	Mortling	Mortinger					
Date	10/09/03						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
☑ *Total of 2 forms are submitted.							